

BID RESULTS	
AB2013-08 LAB TESTING SERVICES FOR MERCER COUNTY CORRECTION CENTER	
28-Feb-13	
AWARD TWO YEARS WITH ONE YEAR OPTION; APRIL 26, 2013 - APRIL 25, 2015, PAY PER TEST AND HOURLY RATE PER PHLEBOTOMIST;	RES. NO. 2013-262
NUMBER OF BIDDERS	1
RESPONDENT	LABORATORY CORPORATION OF AMERICA HOLDINGS
ADDRESS	69 FIRST AVENUE
CITY, STATE, ZIP	RARITAN, NJ 08869
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DISCOUNT RATE FOR TESTS NOT LISTED IN PROPOSAL	70%
YEAR ONE:	
TESTS	111,402.11
PHLEBOTOMY HOURLY RATE	25.00
PHLEBOTOMY TOTAL (ESTIMATED HOURS = 1,092 ANNUALLY) 21 WEEKLY	27,300.00
TOTAL YEAR ONE	138,702.11
YEAR TWO:	
TESTS	111,402.11
PHLEBOTOMY HOURLY RATE	25.00
PHLEBOTOMY TOTAL	27,300.00
TOTAL YEAR TWO	138,702.11
TOTAL TWO YEARS	277,404.22
OPTION YEAR THREE	
TESTS	111,402.11
PHLEBOTOMY HOURLY RATE	25.00
PHLEBOTOMY TOTAL	27,300.00
TOTAL YEAR THREE	138,702.11
TOTAL TESTS YEAR ONE, TWO AND THREE	334,206.33
TOTAL PHLEBOTOMY YEAR ONE, TWO AND THREE	81,900.00
GRAND TOTAL YEAR ONE, TWO AND THREE	416,106.33

TEST*	EST. # OF TESTS	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
		LAB TESTING SERVICES FOR THE MERCER COUNTY CORRECTION CENTER					
		YEAR ONE		YEAR TWO		YEAR THREE	
%fPSA Reflex	1	38.50	38.50	38.50	38.50	38.50	38.50
788205 10 Drug-Bund	1	31.05	31.05	31.05	31.05	31.05	31.05
AChR Binding Abs, Serum	1	70.80	70.80	70.80	70.80	70.80	70.80
ACTH, Plasma	1	72.90	72.90	72.90	72.90	72.90	72.90
Aerobic Bacterial Culture	49	19.58	959.42	19.58	959.42	19.58	959.42
AFP, Serum, Tumor Marker	1	28.05	28.05	28.05	28.05	28.05	28.05
Ammonia, Plasma	3	29.48	88.44	29.48	88.44	29.48	88.44
Amylase, Serum	7	11.18	78.26	11.18	78.26	11.18	78.26
Anaerobic and Aerobic Culture	21	59.55	1,250.55	59.55	1,250.55	59.55	1,250.55
Anaerobic Culture	1	39.98	39.98	39.98	39.98	39.98	39.98
Anemia Profile B	1	100.35	100.35	100.35	100.35	100.35	100.35
Angiotensin-Converting Enzyme	3	24.37	73.11	24.37	73.11	24.37	73.11
Anti 68kD (hsp 70) Abs	1	54.23	54.23	54.23	54.23	54.23	54.23
Antibody Screen	2	9.15	18.30	9.15	18.30	9.15	18.30
Anti-dsDNA Antibodies	1	34.95	34.95	34.95	34.95	34.95	34.95
Antinuclear Antibodies Direct	6	20.78	124.68	20.78	124.68	20.78	124.68
Basic Metabolic Panel (7)	2	9.00	18.00	9.00	18.00	9.00	18.00
Basic Metabolic Panel (8)	388	9.15	3,550.20	9.15	3,550.20	9.15	3,550.20
Benzodiazepines (GC/MS), Blood	1	94.35	94.35	94.35	94.35	94.35	94.35
Beta Strep Gp A Culture	1	11.18	11.18	11.18	11.18	11.18	11.18
Blood Culture, Routine	3	19.05	57.15	19.05	57.15	19.05	57.15
B-Type Natriuretic Peptide	2	55.13	110.26	55.13	110.26	55.13	110.26
BUN	4	8.10	32.40	8.10	32.40	8.10	32.40
C difficile Toxins A+B, EIA	2	32.10	64.20	32.10	64.20	32.10	64.20
Calculi, Urinary	1	21.08	21.08	21.08	21.08	21.08	21.08
Carbamazepine (Tegretol), S	22	15.00	330.00	15.00	330.00	15.00	330.00
CBC With Differential/Platelet	619	9.00	5,571.00	9.00	5,571.00	9.00	5,571.00
CBC, No Differential/Platelet	9	8.65	77.85	8.65	77.85	8.65	77.85
CBC, Platelet; No Differential	154	8.75	1,347.50	8.75	1,347.50	8.75	1,347.50
CBC/Diff Ambiguous Default	27	9.00	243.00	9.00	243.00	9.00	243.00
CBC/Differential (No Platelet)	33	8.75	288.75	8.75	288.75	8.75	288.75
CD4/CD8 Ratio Profile	8	60.75	486.00	60.75	486.00	60.75	486.00
Change IG Pap to LB Pap	1	22.20	22.20	22.20	22.20	22.20	22.20
Chlamydia Antibodies, IgG	1	33.23	33.23	33.23	33.23	33.23	33.23
Chlamydia Competition Rflx	1	48.00	48.00	48.00	48.00	48.00	48.00
Chlamydia/GC Amplification	57	68.25	3,890.25	68.25	3,890.25	68.25	3,890.25
Chlamydia/GC, DNA Probe w/Rflx	5	68.25	341.25	68.25	341.25	68.25	341.25
Cholesterol, Total	3	8.10	24.30	8.10	24.30	8.10	24.30
Comp. Metabolic Panel (14)	469	10.00	4,690.00	10.00	4,690.00	10.00	4,690.00
C-Reactive Protein, Quant	1	18.90	18.90	18.90	18.90	18.90	18.90
Creatine Kinase (CK), MB	1	41.25	41.25	41.25	41.25	41.25	41.25
Creatine Kinase (CK), MB/Total	1	49.35	49.35	49.35	49.35	49.35	49.35
Creatine Kinase, Total, Serum	5	8.10	40.50	8.10	40.50	8.10	40.50
Creatinine, Serum	6	8.10	48.60	8.10	48.60	8.10	48.60
Digoxin, Serum	3	25.88	77.64	25.88	77.64	25.88	77.64
Drug Profile 764875	1	62.55	62.55	62.55	62.55	62.55	62.55
Drug Profile, Blood (7 Drugs)	1	29.18	29.18	29.18	29.18	29.18	29.18
Electrolyte Panel	1	8.55	8.55	8.55	8.55	8.55	8.55
Estradiol	1	43.28	43.28	43.28	43.28	43.28	43.28
Ethanol, Urine	1	20.33	20.33	20.33	20.33	20.33	20.33
Feritin, Serum	4	15.00	60.00	15.00	60.00	15.00	60.00
FSH and LH	1	52.13	52.13	52.13	52.13	52.13	52.13
Genital Culture, Routine	1	19.58	19.58	19.58	19.58	19.58	19.58
Gentamicin Random, Serum	1	27.00	27.00	27.00	27.00	27.00	27.00
Gest. Diabetes 1-Hr Screen	2	8.10	16.20	8.10	16.20	8.10	16.20
Gestational Glucose Tolerance	1	32.40	32.40	32.40	32.40	32.40	32.40

LCA Test #

480848

788205

085902

004440

008649

002253

007054

001396

008003

008904

042077

010116

165750

006015

096339

164855

303758

322758

767624

008169

008300

140889

001040

086207

120790

007419

005009

005017

028142

005009

115907

505271

192005

096180

183620

183194

183616

001065

322000

006627

120816

002311

001362

001370

007385

764875

007880

303754

004515

007237

004598

028480

008334

007161

102277

102004

TEST*	EST. # OF TESTS	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
		LAB TESTING SERVICES FOR THE MERCER COUNTY CORRECTION CENTER					
GGT	1	8.10	8.10	8.10	8.10	8.10	8.10
Glucose Tolerance (3 Sp Blood)	1	20.33	20.33	20.33	20.33	20.33	20.33
Glucose Tolerance (4 Sp Blood)	3	24.00	72.00	24.00	72.00	24.00	72.00
Glucose Tolerance (5 Sp Blood)	1	39.83	39.83	39.83	39.83	39.83	39.83
Glucose, Plasma	1	8.10	8.10	8.10	8.10	8.10	8.10
Glucose, Serum	2	8.10	16.20	8.10	16.20	8.10	16.20
Glucose, Two-Hour Postprandial	1	8.10	8.10	8.10	8.10	8.10	8.10
Gram Stain	1	11.18	11.18	11.18	11.18	11.18	11.18
Growth Hormone Antibodies	1	27.83	27.83	27.83	27.83	27.83	27.83
H pylori, IgM, IgG, IgA Ab	1	87.53	87.53	87.53	87.53	87.53	87.53
H. pylori Stool Ag, EIA	1	55.13	55.13	55.13	55.13	55.13	55.13
HAV/HBV Immune Status (Pro IV)	1	89.55	89.55	89.55	89.55	89.55	89.55
HBsAg Screen	43	17.85	767.55	17.85	767.55	17.85	767.55
hCG,Beta Subunit, Qnt, Serum	33	28.50	940.50	28.50	940.50	28.50	940.50
hCG,Beta Subunit,Qual,Serum	336	14.00	4,704.00	14.00	4,704.00	14.00	4,704.00
HCV Ab w/Rflx to RIBA	50	15.00	750.00	15.00	750.00	15.00	750.00
HCV Ab w/Rflx to Verification	9	15.00	135.00	15.00	135.00	15.00	135.00
HCV Antibody	10	15.00	150.00	15.00	150.00	15.00	150.00
HCV Genotyping Non Reflex	1	168.38	168.38	168.38	168.38	168.38	168.38
HCV RNA, PCR, Qualitative	1	125.00	125.00	125.00	125.00	125.00	125.00
HCV RT-PCR, Quant (Graph)	70	122.70	8,589.00	122.70	8,589.00	122.70	8,589.00
HCV RT-PCR, Quant (Non-Graph)	1	115.80	115.80	115.80	115.80	115.80	115.80
Helper T-Lymph-CD4	41	33.90	1,389.90	33.90	1,389.90	33.90	1,389.90
Hematocrit	1	8.35	8.35	8.35	8.35	8.35	8.35
Hemoglobin	1	8.35	8.35	8.35	8.35	8.35	8.35
Hemoglobin A1c	121	11.00	1,331.00	11.00	1,331.00	11.00	1,331.00
Hep A Ab, IgM	34	23.18	788.12	23.18	788.12	23.18	788.12
Hep A Ab, Total	4	14.00	56.00	14.00	56.00	14.00	56.00
Hep B Core Ab, Tot	1	10.00	10.00	10.00	10.00	10.00	10.00
Hep B Surface Ab	52	16.00	832.00	16.00	832.00	16.00	832.00
Hep Be Ag	1	24.38	24.38	24.38	24.38	24.38	24.38
Hepatic Function Panel (7)	106	9.00	954.00	9.00	954.00	9.00	954.00
Hepatitis C Virus Ab, Riba 3.0	1	15.00	15.00	15.00	15.00	15.00	15.00
Hepatitis D Total	1	19.35	19.35	19.35	19.35	19.35	19.35
Hepatitis Panel (4)	30	96.83	2,904.90	96.83	2,904.90	96.83	2,904.90
Hepatitis, Diagnostic (Prof I)	1	70.50	70.50	70.50	70.50	70.50	70.50
Herpes Simplex Virus I/II, IgG	6	24.00	144.00	24.00	144.00	24.00	144.00
Hgb A1c with eAG Estimation	1	11.00	11.00	11.00	11.00	11.00	11.00
HIV GenoSure(R) MG	1	350.00	350.00	350.00	350.00	350.00	350.00
HIV GenoSure(R) MG	1	350.00	350.00	350.00	350.00	350.00	350.00
HLA B 27 Disease Association	1	46.35	46.35	46.35	46.35	46.35	46.35
HLA-B Specific	1	350.00	350.00	350.00	350.00	350.00	350.00
HP5+HAVIgM+HBcIgM+HBeAb+Ag	9	211.58	1,904.22	211.58	1,904.22	211.58	1,904.22
HSV 1 and 2 IgM Abs, Indirect	1	24.00	24.00	24.00	24.00	24.00	24.00
HSV 1 and 2-Specific Ab, IgG	3	54.23	162.69	54.23	162.69	54.23	162.69
HSV Culture and Typing	1	38.18	38.18	38.18	38.18	38.18	38.18
HSV Type 1-Specific Ab, IgG	3	22.20	66.60	22.20	66.60	22.20	66.60
HSV Type 2-Specific Ab, IgG	4	32.10	128.40	32.10	128.40	32.10	128.40
HSV, IgM I/II Combination	3	24.00	72.00	24.00	72.00	24.00	72.00
Immunofixation, Serum	1	51.08	51.08	51.08	51.08	51.08	51.08
Iron and TIBC	2	15.15	30.30	15.15	30.30	15.15	30.30
LDH	2	8.10	16.20	8.10	16.20	8.10	16.20
Levetiracetam (Keppra), S	2	39.98	79.96	39.98	79.96	39.98	79.96
Lipase, Serum	6	11.18	67.08	11.18	67.08	11.18	67.08
Lipid Cascade	2	8.00	16.00	8.00	16.00	8.00	16.00
Lipid Panel	589	8.00	4,712.00	8.00	4,712.00	8.00	4,712.00
Lipid Panel With LDL/HDL Ratio	3	18.00	54.00	18.00	54.00	18.00	54.00
Lipoprotein Analysis, by NMR	2	41.48	82.96	41.48	82.96	41.48	82.96
Lithium (Eskalith(R)), Serum	20	15.53	310.60	15.53	310.60	15.53	310.60

001958

095588

090365

090373

001818

001032

002022

008540

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006510

004416

004556

144065

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140659

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550400

550070

550080

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001453

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006395

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322755

144065

284452

322744

058560

163014

102525

551697

551697

006924

167129

257113

164806

164905

008250

164897

163147

164806

001685

001321

001115

716936

001404

361946

303756

235010

884247

007708

TEST*	EST. # OF TESTS	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
		LAB TESTING SERVICES FOR THE MERCER COUNTY CORRECTION CENTER					
Lower Respiratory Culture	1	19.58	19.58	19.58	19.58	19.58	19.58
LP+Non-HDL Cholesterol	1	21.83	21.83	21.83	21.83	21.83	21.83
Luteinizing Hormone(LH), S	1	25.73	25.73	25.73	25.73	25.73	25.73
Lyme IgG/IgM Ab	4	33.90	135.60	33.90	135.60	33.90	135.60
Lyme, Total Ab Test/Reflex	1	33.90	33.90	33.90	33.90	33.90	33.90
Magnesium, Serum	21	10.88	228.48	10.88	228.48	10.88	228.48
Measles/Mumps/Rubella Immunity	1	65.18	65.18	65.18	65.18	65.18	65.18
Metanephrines, Frac., Qn, 24-Hr	1	55.05	55.05	55.05	55.05	55.05	55.05
Microalbumin, Random Urine	65	19.95	1,296.75	19.95	1,296.75	19.95	1,296.75
N gonorrh. Competition Rflx	1	48.00	48.00	48.00	48.00	48.00	48.00
NMR LipoProfile	1	41.48	41.48	41.48	41.48	41.48	41.48
Occult Blood, Fecal, IA	2	23.70	47.40	23.70	47.40	23.70	47.40
Ova + Parasite Exam	1	22.58	22.58	22.58	22.58	22.58	22.58
Oxcarbazepine (Trileptal),S	1	24.00	24.00	24.00	24.00	24.00	24.00
Panel 005465	8	225.50	1,804.00	225.50	1,804.00	225.50	1,804.00
Panel 083824	144	30.00	4,320.00	30.00	4,320.00	30.00	4,320.00
Panel 162222	1	37.13	37.13	37.13	37.13	37.13	37.13
Pap IG (Image Guided)	1	26.40	26.40	26.40	26.40	26.40	26.40
Pap IG, Ct-Ng, HPV-hr	1	150.98	150.98	150.98	150.98	150.98	150.98
Pap IG, Ct-Ng, rfx HPV ASCU	2	94.65	189.30	94.65	189.30	94.65	189.30
Pap IG, rfx HPV all pth	1	26.40	26.40	26.40	26.40	26.40	26.40
Pap IG, rfx HPV ASCU	3	26.40	79.20	26.40	79.20	26.40	79.20
Pap Lb (Liquid-based)	1	22.20	22.20	22.20	22.20	22.20	22.20
Pap Lb, Ct-Ng	2	90.45	180.90	90.45	180.90	90.45	180.90
Pap Lb, rfx HPV ASCU	1	22.20	22.20	22.20	22.20	22.20	22.20
Phenytoin (Dilantin), Serum	68	15.00	1,020.00	15.00	1,020.00	15.00	1,020.00
Phosphorus, Serum	5	8.10	40.50	8.10	40.50	8.10	40.50
Physician Read Pap	1	16.13	16.13	16.13	16.13	16.13	16.13
Platelet Count	1	8.35	8.35	8.35	8.35	8.35	8.35
Potassium, Serum	2	8.10	16.20	8.10	16.20	8.10	16.20
Pregnancy Test, Urine	1	15.23	15.23	15.23	15.23	15.23	15.23
Prolactin	4	33.23	132.92	33.23	132.92	33.23	132.92
Prostate-Specific Ag, Serum	41	26.25	1,076.25	26.25	1,076.25	26.25	1,076.25
Protein Electro.,S	1	19.88	19.88	19.88	19.88	19.88	19.88
Protein, Total, Serum	1	8.10	8.10	8.10	8.10	8.10	8.10
Protein,Total,Urine	1	8.78	8.78	8.78	8.78	8.78	8.78
Prothrombin Time (PT)	133	7.13	948.29	7.13	948.29	7.13	948.29
PSA Total (Reflex To Free)	2	26.25	52.50	26.25	52.50	26.25	52.50
PSA Total+% Free	40	37.80	1,512.00	37.80	1,512.00	37.80	1,512.00
PSA Total+% Free (Serial)	1	44.70	44.70	44.70	44.70	44.70	44.70
PT and PTT	10	16.05	160.50	16.05	160.50	16.05	160.50
PTH, Intact	1	40.95	40.95	40.95	40.95	40.95	40.95
PTT, Activated	2	8.93	17.86	8.93	17.86	8.93	17.86
Rapid Plasma Reagin, Quant	1	8.25	8.25	8.25	8.25	8.25	8.25
RBC	1	8.35	8.35	8.35	8.35	8.35	8.35
RPR	2,757	8.00	22,056.00	8.00	22,056.00	8.00	22,056.00
Renal Panel (10)	1	9.45	9.45	9.45	9.45	9.45	9.45
Reticulocyte Count	1	8.93	8.93	8.93	8.93	8.93	8.93
Rheumatoid Arthritis Factor	4	10.05	40.20	10.05	40.20	10.05	40.20
RNA, PCR (Graph) rfx/GenoPLUS	1	122.70	122.70	122.70	122.70	122.70	122.70
RNA, Real Time PCR (Graph)	45	122.70	5,521.50	122.70	5,521.50	122.70	5,521.50
RNA, Real Time PCR (Non-Graph)	1	125.00	125.00	125.00	125.00	125.00	125.00
RPR Qn+TP Abs	3	8.25	24.75	8.25	24.75	8.25	24.75
RPR, Rfx Qn RPR/Confirm TP	64	8.25	528.00	8.25	528.00	8.25	528.00
Rubella Antibodies, IgG	3	16.35	49.05	16.35	49.05	16.35	49.05
Sedimentation Rate-Westergren	10	7.43	74.30	7.43	74.30	7.43	74.30
Sensitivity Organism #1	46	14.85	683.10	14.85	683.10	14.85	683.10
Sensitivity Organism #2	3	14.85	44.55	14.85	44.55	14.85	44.55
Sensitivity Organism #3	1	14.85	14.85	14.85	14.85	14.85	14.85

180810

343925

004283

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006072

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550423

550420

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012005

006197

005215

S00001

S00002

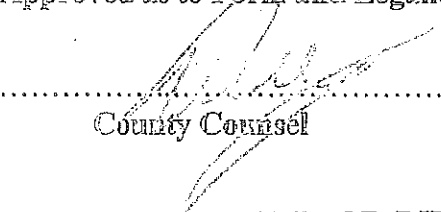
S00003

TEST*	EST. # OF TESTS	UNIT	TOTAL	UNIT	TOTAL	UNIT	TOTAL
		LAB TESTING SERVICES FOR THE MERCER COUNTY CORRECTION CENTER					
Sodium, Serum	1	8.10	8.10	8.10	8.10	8.10	8.10
Sodium, Urine	1	8.55	8.55	8.55	8.55	8.55	8.55
STAT	16	10.20	163.20	10.20	163.20	10.20	163.20
T pallidum Ab (FTA-Ab)	9	26.40	237.60	26.40	237.60	26.40	237.60
T3 Uptake	40	9.23	369.20	9.23	369.20	9.23	369.20
T3Free	1	54.60	54.60	54.60	54.60	54.60	54.60
T4F	1	14.00	14.00	14.00	14.00	14.00	14.00
T-Cell Activation, CD8 Subsets	1	189.75	189.75	189.75	189.75	189.75	189.75
Testosterone, Serum	1	38.55	38.55	38.55	38.55	38.55	38.55
Theophylline, Serum	1	25.05	25.05	25.05	25.05	25.05	25.05
Thyroid Cascade Profile	1	12.00	12.00	12.00	12.00	12.00	12.00
Thyroid Panel	1	18.38	18.38	18.38	18.38	18.38	18.38
Thyroid Panel With TSH	1	43.88	43.88	43.88	43.88	43.88	43.88
Thyroxine (T4)	60	9.15	549.00	9.15	549.00	9.15	549.00
Thyroxine (T4) Free, Direct, S	6	14.00	84.00	14.00	84.00	14.00	84.00
Thyroxine (T4) Free, Direct, S	1	14.00	14.00	14.00	14.00	14.00	14.00
Toxoplasma Abs IgG/IgM	1	50.00	50.00	50.00	50.00	50.00	50.00
Toxoplasma gondii Ab, IgG, Qn	2	21.97	43.94	21.97	43.94	21.97	43.94
Transferrin	1	20.18	20.18	20.18	20.18	20.18	20.18
Treponema pallidum Antibodies	1	26.40	26.40	26.40	26.40	26.40	26.40
Trich vag by NAA	3	32.33	96.99	32.33	96.99	32.33	96.99
Trichomonas Culture	1	20.10	20.10	20.10	20.10	20.10	20.10
Triiodothyronine (T3)	11	12.00	132.00	12.00	132.00	12.00	132.00
Troponin I	8	39.83	318.64	39.83	318.64	39.83	318.64
Troponin T	1	41.55	41.55	41.55	41.55	41.55	41.55
TSH	71	12.00	852.00	12.00	852.00	12.00	852.00
TSH Rfx on Abnormal to Free T4	1	25.50	25.50	25.50	25.50	25.50	25.50
Upper Respiratory Culture	2	19.58	39.16	19.58	39.16	19.58	39.16
Uric Acid, Serum	6	8.10	48.60	8.10	48.60	8.10	48.60
Urinalysis, Routine	306	6.45	1,973.70	6.45	1,973.70	6.45	1,973.70
Urine Culture, Routine	48	18.00	864.00	18.00	864.00	18.00	864.00
Valproic Acid (Depakote),S	36	15.00	540.00	15.00	540.00	15.00	540.00
Vanillylmandelic Acid, 24-Hr U	1	22.58	22.58	22.58	22.58	22.58	22.58
Varicella-Zoster V Ab, IgG	1	26.55	26.55	26.55	26.55	26.55	26.55
Viral Culture, General	2	71.70	143.40	71.70	143.40	71.70	143.40
Virtual Phenotype	1	829.25	829.25	829.25	829.25	829.25	829.25
Vitamin B12	1	26.10	26.10	26.10	26.10	26.10	26.10
Vitamin B12 and Folate	2	49.28	98.56	49.28	98.56	49.28	98.56
Vitamin D, 1,25 + 25-Hydroxy	1	153.83	153.83	153.83	153.83	153.83	153.83
Vitamin D, 25-Hydroxy	4	68.10	272.40	68.10	272.40	68.10	272.40
WBC	2	8.35	16.70	8.35	16.70	8.35	16.70
White Blood Cells (WBC), Stool	1	14.63	14.63	14.63	14.63	14.63	14.63
Zonisamide(Zonegran), Serum	2	30.68	61.36	30.68	61.36	30.68	61.36
TOTAL TESTS			111,402.11		111,402.11		111,402.11
PHLEBOTOMY	HOURS	HR. RT.	YEAR ONE	HR. RT.	YEAR TWO	HR. RT.	OP YEAR THREE
PHLEBOTOMY HOURS*	1,092	25.00	27,300.00	25.00	27,300.00	25.00	27,300.00
GRAND TOTAL TESTING							334,206.33
GRAND TOTAL PHLEBOTOMY							81,900.00
GRAND TOTAL THREE YEARS							416,106.33
ADDITIONAL REQUESTS DISCOUNTED AT							70%

001198
013326
998074
006379
001156
010389
001974
505750
004226
007336
330015
000455
000620
001149
001974
001974
213561
006478
004937
082370
188052
180950
002188
120832
140150
004259
349829
008342
001057
003038
008847
007260
004143
096206
008573
551655
001503
000810
080325
081950
005025
008656
007915

Approved as to Form and Legality

Date



 County Counsel

May 7, 2013

AWARD OF BID RECEIVED FEBRUARY 28, 2013 TO
 LABORATORY CORPORATION OF AMERICA
 HOLDINGS FOR LABORATORY TESTING SERVICES
 FOR THE MERCER COUNTY CORRECTION CENTER.
 PERIOD: APRIL 26, 2013 TO APRIL 25, 2015, WITH AN
 OPTION TO EXTEND ONE YEAR. TWO-YEAR
 AMOUNT NOT TO EXCEED: \$400,420.00; OPTION TO
 EXTEND YEAR THREE AMOUNT NOT TO EXCEED:
 \$200,210.00 (AB2013-08)

WHEREAS, the Mercer County Purchasing Agent has advertised for bids for laboratory testing services for the Mercer County Correction Center for the period of April 26, 2013 to April 25, 2015, as provided by law; and,

WHEREAS, one (1) sealed bid was received on February 28, 2013 in connection with the aforementioned services; and,

WHEREAS, the bid received from Laboratory Corporation of America Holdings, 69 First Avenue, Raritan, New Jersey 08869, for diagnostic laboratory and phlebotomy services for a period of April 26, 2013 to April 25, 2015, with a two-year amount not to exceed \$400,420.00, and an Option to Extend Year Three amount not to exceed \$200,210.00, be awarded; and,

 Clerk to the Board

RECORD OF VOTE

FREEHOLDER							FREEHOLDER						
	Aye	Nay	N.V.	Abs.	Res.	Sec.		Aye	Nay	N.V.	Abs.	Res.	Sec.
Cannon	X						Koontz	X					
Carabelli	X						Walter	X					
Calavita				X			Cimino	X					
Frisby	X												

X—Indicates Vote Abs.—Absent N.V.—Not Voting
 Res.—Resolution Moved Sec.—Resolution Seconded

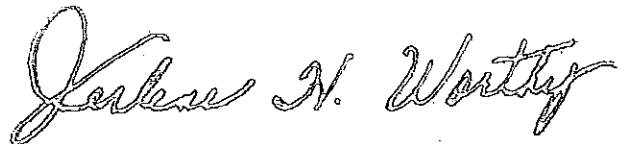
-2-

WHEREAS, funds for this purpose are contingent upon the inclusion in and adoption of the 2014 and 2015 Mercer County Budgets; and,

WHEREAS, the bidder hereinafter designated is the lowest qualified bidder; now, therefore,

BE IT RESOLVED, that the County Executive and Clerk to the Board be and are hereby authorized to execute contracts on behalf of the County of Mercer when presented in a form approved by County Counsel; and,

BE IT FURTHER RESOLVED, that the Clerk to the Board shall forward a copy of this Resolution to the Mercer County Correction Center and the Purchasing Agent for further distribution.



.....
Clerk to the Board

INTRODUCTION

The County of Mercer requests bids for phlebotomy and diagnostic laboratory services for the Mercer County Correction Center for a period of two years with the option to extend one year. Respondents shall have three years experience. One Contract shall be awarded for a period of two years with the option to extend one year. **The County requires the awarded contractor to provide laboratory results electronically.**

SCOPE OF SERVICE

Bidders shall be certified and properly licensed by the State of New Jersey in accordance with the State's standards and shall provide experienced Phlebotomists in accordance with standards issued by the National Phlebotomy Association to perform laboratory tests on blood and other body fluids for laboratory testing as requested/prescribed by the County of Mercer Correctional Physicians. Respondents shall provide a copy of their New Jersey Clinical Laboratory License and CLIA Certificate with their bid proposal.

Vendors shall provide Phlebotomists on site on the predetermined days and times as agreed upon by both parties to draw blood and other samples as required to perform requested and prescribed diagnostic laboratory testing. Scheduled Phlebotomist/s must be able to pass security clearance.

LICENSURE OF A CLINICAL LABORATORY (UNDER THE PROVISIONS OF N.J.S.A. 45:9-42.26 ET SEQ.)

Bidders must be licensed through the New Jersey Department of Health and Senior Services in accordance with 45:9-42.26 et seq. "New Jersey Clinical Laboratory Improvement Act" and laboratories located outside the state of New Jersey are required to obtain a clinical laboratory license if the out-of-state lab has a collection station in the state of New Jersey or is directly involved in the collection or transport of specimens from New Jersey to the out-of-state lab. Bidders shall provide a copy of their license with their bid response.

CLIA CLINICAL LABORATORY IMPROVEMENT AMENDMENTS CERTIFICATE

All Bidders must possess a CLIA Certificate and shall provide a copy of the certificate with their bid response.

COST PROPOSAL

All necessary related supplies including but not limited to such as vacutainers, needles, gloves, blobags, culterettes, collection containers, lab requisition slips, centrifuge, printer and fax machine as needed, etc. shall be provided by the vendor and factored into the cost per test. Labor for phlebotomists shall be paid by the hourly rate proposed.

SCHEDULE

On-site phlebotomy services at the Mercer County Correction Center three times per week from 8:00 A.M. to 3:00 P.M. (To be determined and mutually agreed upon). (21 hours per week x 52 = 1,092 hours annually). Mercer County reserves the right to decrease or increase hours. The County will only provide payment for those tests and services rendered. (Time to be determined and mutually agreed upon).

TEST RESULTS

The ability to have written and electronic tests shall be provided. These are to be faxed or provided online within 24 hours when possible dependent on the type of test ordered, and any

abnormal results are to be provided as soon as results are available. Results must contain all necessary client and testing identifying information.

Utilization reports shall be provided to the County on a monthly basis along with invoicing.

Contact at the Correction Center:
Regina Grimes, RN, Nursing Supervisor
609 583 3545 EXT. 2279

All invoices are to specify the clients name, test(s) performed and the fee for the requested test(s).

Provided is a list of the most frequent types of testing requested. This is reflective of our usage but is not all inclusive of the tests used.

There is no STAT testing required. Critical results are to be telephoned directly to the site, followed by printed results. Proposal shall describe in detail the proposed billing structure, and indicate the implementation of a cost saving strategy.

COST CRITERIA

Fee schedule is defined with the cost for each lab and cost per hourly rate for Phlebotomists.

Do not include additional fees in the columns in the attached chart. Note only the fee to be charged per test.

Note percentage of discount that will be offered on tests ordered but not listed in attached chart.

Discount rate _____%

CONTRACT PERIOD

This contract will run for a period of two (2) years with option to extend one (1) year based upon year one pricing.

QUALIFICATION STATEMENT

A Qualification Statement must be provided with your bid. This statement shall set forth details of the contractor's activities, the number of personnel and titles and the location(s). Identify prior project experience that exhibits the firm's capabilities. Please provide a list of three (3) clients for whom similar services have been provided.

- Client's name and description
- Client's Contact, position and telephone number
- Scope of service and contract value
- Copy of New Jersey Clinical Laboratory License
- CLIA Certificate

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

Bidders are required to comply with the Clinical Laboratory Improvement Amendment and must provide the CLIA certificate with their bid response along with the New Jersey Laboratory License.

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988

The New Jersey Department of Health (NJDOH), under contract with the Centers for Medicare & Medicaid Services (CMS), administers the Clinical Laboratory Improvement Amendments of 1988 in New Jersey to ensure quality laboratory testing.

CLIA requires every facility that tests human specimens for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of a human being to meet certain Federal requirements. CLIA applies to any facility performing laboratory testing as outlined above, even if only one or a few basic tests are performed, and even if you are not charging for testing. Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities. In addition, the CLIA legislation requires financing of all regulatory costs, including inspections, through fees assessed to affected laboratories.

Consequently, all laboratories that test human specimens must apply for a CLIA Certificate by completing Form CMS-116 (CLIA Application for Certification). This form collects information about your laboratory's operation and is necessary to assess fees, to establish baseline data and to fulfill the statutory requirements for CLIA. This information will provide the laboratory surveyor an overview of your laboratory's operation if it is subject to onsite survey. All information should be based on your facility's laboratory operation as of the date of the completion of the form.

To obtain CMS-116 (with Instructions for Completion of Form, Guidelines for Counting Tests for CLIA, Tests Commonly Performed and Their Corresponding Laboratory Specialties and Subspecialties), go to <http://www.cms.hhs.gov/cmsforms/downloads/cms116.pdf>

For additional CLIA information, go to the CMS website: <http://www.cms.hhs.gov/clia>

AB2013-08
LABORATORY TESTING AND PHLEBOTOMY SERVICES FOR A PERIOD OF TWO (2)
YEARS WITH THE OPTION TO EXTEND FOR ONE (1) YEAR
FOR THE MERCER COUNTY CORRECTION CENTER

THIS AGREEMENT, made this 7th day of MAY in the year of Two Thousand Thirteen, BETWEEN the COUNTY OF MERCER, a body politic of the State of New Jersey, having its principal office located at 640 South Broad Street, in the City of Trenton, County of Mercer and State of New Jersey, hereinafter called the "COUNTY", AND, LABORATORY CORPORATION OF AMERICA HOLDINGS, 69 FIRST AVENUE, RARITAN, NJ 08869 a period of two years with the option to extend one year, based upon actual services rendered and the attached pricing schedule. The contract shall commence on April 26, 2013 and end April 25, 2015.

IN CONSIDERATION, of mutual promises herein contained and intending to be legally bound hereby, the parties hereto have mutually agreed as follows:

The awarded Contractor will provide laboratory testing and phlebotomy services on site, on the predetermined days and times as agreed upon by both parties, for the inmate population of the Mercer County Correction Center, located at 1750 River Road Hopewell.

Estimated Year One:

Lab:	\$111,402.11
Phlebotomy Hours (\$25.00 per hour, 1,092 hours):	\$27,300.00

Estimated Year Two:

Lab:	\$111,402.11
Phlebotomy Hours (\$25.00 per hour, 1,092 hours):	\$27,300.00

Estimated Year Three (Optional):

Lab:	\$111,402.11
Phlebotomy Hours (\$25.00 per hour, 1,092 hours):	\$27,300.00
Grand Total, including year three:	\$416,106.33

IT IS, understood and agreed that additional terms of this Agreement are to be performed in accordance with the bid documents and specifications.

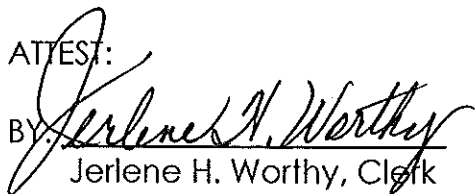
IT IS, further understood that the County of Mercer shall have the right to request mediation if services provided are deemed deficient in any way. An impartial mediator shall be selected by the COUNTY.

IT IS, understood and agreed that both parties may terminate this contract upon giving thirty (30) days written notice to the other party. However, the COUNTY will not agree to the striking of paragraphs three and five on page fifteen, attached.

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year first above written.

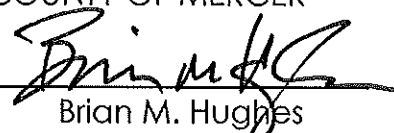
ATTEST:

BY:


Jerlene H. Worthy, Clerk
Board of Chosen Freeholders

COUNTY OF MERCER

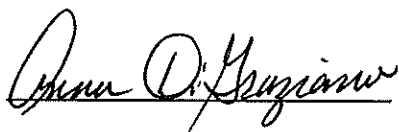
BY:


Brian M. Hughes
County Executive

WITNESS:

LABORATORY CORPORATION OF
AMERICA HOLDINGS

BY:

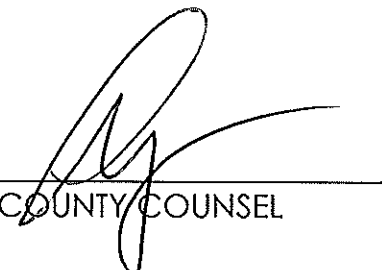


BY:



Approved as to form and execution

BY:


COUNTY COUNSEL
Arthur R. Sypek Jr.
Mercer County Counsel